## PART B- FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE **Commissioner for Patents** 

P.O. Box 1450

Or Fax

Alexandria, Virginia 22313-1450 (571) 273-2885

520.43080X00

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks I through 5 should be completed where appropriate. All Further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as Indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for Maintenance fee notifications

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address) 020457 7590 06/16/2005

ANTONELLI, TERRY STOUT & KRAUS, LLP 1300 NORTH SEVENTEENTH STREET **SUITE 1800** ARLINGTON, VA 22209-3873

09/15/2005 MBEYENE2 00000043 10648196

1400.00 OP

Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying Papers. Each additional paper, such as an assignment or formal drawing, must Have its own certificate of mailing or transmission.

Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope Addressed to the Mail Stop ISSUE FEE address above, or being facsimile Transmitted to the USPTO (703) 746-4000, on the date indicated below.

020(Depositor's name) (Signature)

| FC:1504  | 300.00 UP  |                                    |   |                        |                           | (Date)                 |  |
|--|--|------------------------------------|---|------------------------|---------------------------|------------------------|--|
| APPLICATION NO.  | FILING DATE  | FIRST NAMED                        | INVENTOR  | ATTORNEY DOCKET NO.    |                           | CONFIRMATION NO.       |  |
| 10/648,196   | 8/27/2003  | SAGA                               | WA  | 520.43080X00           |                           | 3477                   |  |
| TITLE OF INVENTION: COI  | LD CATHODE TYPE FLAT   | Γ PANEL DISPLAY                    |   |                        |                           |                        |  |
|  |  |                                    |   |                        |                           |                        |  |
| APPL, TYPE   | SMALL ENTITY   | ISSUE FEE                          | PUBLIC  | ATION FEE              | TOTAL FEE (S              | DUE DATE DUE           |  |
| Nonprovisional   | NO   | \$1400                             | \$  | 300                    | \$1700                    | 9/16/2005              |  |
| EXAMIN   | IER  | ART UNIT                           | CLASS-  | SUBCLASS               |                           |                        |  |
| PHILOGENE  | , HAISSA   | 2828                               | 315-  | 315-169100             |                           |                        |  |
| 1. Change of correspondence addr   | 2. For printing on the patent front page, list   |                                    |   |                        |                           |                        |  |
| CFR 1.363).  Change of correspondence address (or Change of Correspondence   |  |                                    | (1) the names of up to 3 registered patent attorneys 1 ANTONELLI, TERRY, STOUT    |                        |                           |                        |  |
| Address form PTO/SB?122 attached.  |  |                                    | AND KRAUS, LLP.   |                        |                           |                        |  |
| agents OR, alternatively,  "Fee Address" indication (or "Fee Address" Indication form  |  |                                    | Or agents OR, alternatively, (2) the name of single firm (having as a             |                        |                           |                        |  |
| PTO/SB/47; Rev 03-02 or more recent) attached. Use of Customer   |  |                                    | member a registered attorney or agent) and the names of up to 2 registered patent |                        |                           |                        |  |
| Number is required.  |  |                                    | attorneys or agents. If no name is listed no name will be printed.                |                        |                           |                        |  |
| 3. ASSIGNEE NAME AND RESIDE  | NCE DATA TO BE PRINTED ON  | THE PATENT (print or type)         |   |                        |                           |                        |  |
|  | nee is identified below, no assign   |                                    |   | entified below, the do | cument has been filed fo  | ٢                      |  |
| recordation as set forth in 37 CFF   | R 3.11. Completion of this form is I   | NOT a substitute for filing an ass | signment.   |                        |                           |                        |  |
| (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)  |  |                                    |   |                        |                           |                        |  |
| HITACHI, LTD.  | TOKYO, JAPAN   |                                    |   |                        |                           |                        |  |
| Please check the appropriate assigne   | ee category or categories (will not  | be printed on the patent):         | Individual 🛛  | Corporation or         | other private group entit | y Government           |  |
| 4a. The following fee(s) are enclosed:  4b. Payment of Fee (s):  |  |                                    |   |                        |                           |                        |  |
| _  | ☑ Issue Fee       ☐ A check in the amount of the fee(s) is enclosed.         ☑ Publication Fee (No small entity discount permitted)       ☒ Payment by credit card> Form PTO-2038 is attached. |                                    |   |                        |                           |                        |  |
| Publication Fee (No small entity discount permitted)  Advance Order- # of Copies   |  |                                    |   |                        |                           |                        |  |
|  | Deposit  | t Account Number 01-2135 (         | endose an extra copy  | of this form).         |                           |                        |  |
| 5. Change in Entity Status (from statu   |  |                                    | <b></b>   |                        |                           |                        |  |
| a. Applicant claims SMA  | ALL ENTITY status. See 37 CFR  | 1.27.                              | b. Applicant is   | no longer daiming S    | MALL ENTITY status. S     | See 37 CFR 1.27(g)(2). |  |
| The Director of the USPTO is request NOTE: The Issue Fee and Publication Interest as shown by the records of the state of the state of the Issue Fee and Publication Interest as shown by the records of the Issue | n Fee (if required) will not be acce   | epted from anyone other than th    |   |                        |                           | party in               |  |
| Authorized Signature   | hul fun  |                                    | Date: Septe   | mber 13, 2005          |                           |                        |  |
| Typed or printed name M6   | elvin Kraus  |                                    | Registration No.  | 22,466                 |                           |                        |  |

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) An application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and Submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete This form and/or suggestions for reducing this burden, should be sent tot eh Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450. Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.